

# AUTO CR - LOG SUMMARY #1073886

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE OFFICERS RESPONDED TO A CALL OF A DISTURBANCE THAT INVOLVED A MENTAL PATIENT [REDACTED] WHO HAD NOT TAKEN HER MEDICATION IN THREE WEEKS. IT IS REPORTED THAT THE SUBJECT REFUSED VERBAL COMMANDS, BECAME IRATE, STARTED KICKING AND FLAILING HER ARMS. OFFICER SANCHEZ YELLED TASER, TASER, TASER AND DEPOLYED HIS TASER STRIKING THE SUBJECT. OFFICER MOUSSA WENT TO PLACE THE OFFENDER INTO CUSTODY BUT SHE CONTINUED TO RESIST, NOT FOLLOWING VERBAL DIRECTIONS. THE SUBJECT STARTED TO GET UP WHEN OFFICER SANCHEZ DISCHARGED THE TASER AGAIN AND OFFICER MOUSSA PERFORMED AN EMERGENCY TAKEDOWN, AND REAR CUFFING GETTING THE OFFENDER INTO CUSTODY. THE SUBJECT WAS TRANSPORTED TO [REDACTED] FOR A MENTAL HEALTH EVALUATION.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SWAIN, MATTHEW		[REDACTED]	015 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
23-FEB-2015 12:22 - 23-FEB-2015 12:22	[REDACTED]	1512	015	277 - PARKING LOT/GARAGE(NON. RESID.)	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					F	BLK	[REDACTED]	
CPD Employee	Involved Member	SANCHEZ, JOSE L	11497	[REDACTED]	015 /	POLICE OFFICER	M	S		
CPD Employee	Witness	ZADURA, VITA C	12951	[REDACTED]	015 /	POLICE OFFICER	F	WHI		
CPD Employee	Witness	HUNTER, CHARLES	13938	[REDACTED]	015 /	POLICE OFFICER	M	BLK		
CPD Employee	Witness	MOUSSA, GEORGE	5509	[REDACTED]	015 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party	SWAIN, MATTHEW	SANCHEZ, JOSE L	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	HUNTER, CHARLES	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	MOUSSA, GEORGE	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	ZADURA, VITA C	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	[REDACTED]	NO RELATIONSHIP

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N

**EEO Complaint No.:****Civil Suit No.:****Notify Chief Administrator?** N**Notify Coordinator?****Notification Other?** N**Notification Comments:****Civil Suit Settled Date:****Notify Chief?****Notification Does Not Apply?** Y**Incident Category List**

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE		N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

**Investigator History**

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
SALINAS-LOPEZ, LUIS	Primary	RAPID RESPONSE	01-JUN-2015	30-AUG-2015	18-JUN-2015	17
QUERFURTH, PATRICK	Supervisor	RAPID RESPONSE	30-APR-2015	29-JUL-2015	18-JUN-2015	

**Extension History**

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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**Current Allegations**

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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**Situations (Allegation Details)**

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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**Status History**

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-JUN-2015 09:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	19-JUN-2015 08:32	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	18-JUN-2015 09:01	SALINAS-LOPEZ, LUIS	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	01-JUN-2015 12:49	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	01-JUN-2015 11:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN INVESTIGATOR	30-APR-2015 10:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	31-MAR-2015 01:53	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	31-MAR-2015 10:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	04-MAR-2015 09:34	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	24-FEB-2015 08:42	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	23-FEB-2015 04:23	STEWART, DENISE	INTAKE AIDE	113 /	

**Attachments**

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	INVESTIGATION					SALINAS-LOPEZ, LUIS	01-JUN-2015 02:36			

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	23-FEB-2015 04:23			
2	CONFLICT CERTIFICATION					QUERFURTH, PATRICK	01-JUN-2015 12:49			
3	CONFLICT CERTIFICATION					SALINAS-LOPEZ, LUIS	03-JUN-2015 01:05			
4	DOCUMENTS - INVESTIGATION		1		N	SALINAS-LOPEZ, LUIS	03-JUN-2015 03:19	APPROVED		
5	DOCUMENTS - INVESTIGATION		1	Attempt to contact [REDACTED]	N	SALINAS-LOPEZ, LUIS	18-JUN-2015 08:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	31-MAR-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. J. SANCHEZ#11497	N	STEWART, DENISE	23-FEB-2015 05:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. C. HUNTER#13938	N	STEWART, DENISE	23-FEB-2015 04:54	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. V. DELES#12951	N	STEWART, DENISE	23-FEB-2015 04:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RI [REDACTED]	N	STEWART, DENISE	23-FEB-2015 04:45	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. V. DELES#12951	N	STEWART, DENISE	23-FEB-2015 04:48	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:58			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	DOCUMENTS - INTAKE INCIDENT		2	OFC. G. MOUSSA#5509	N	STEWART, DENISE	23-FEB-2015 04:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. C. HUNTER#13938	N	STEWART, DENISE	23-FEB-2015 04:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. G. MOUSSA#5509	N	STEWART, DENISE	23-FEB-2015 04:56	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	QUERFURTH, PATRICK	SUPERVISING INV COPA	113	19-JUN-2015 08:32	To Close

## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 23-FEB-2015) - LOG #1073886

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SWAIN, MATTHEW			015 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
23-FEB-2015 12:22 - 23-FEB-2015 12:22		1512	015	277 - PARKING LOT/GARAGE(NON. RESID.)	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	RAPID RESPONSE	SALINAS-LOPEZ, LUIS (PRIMARY INV)	01-JUN-2015 12:49	QUERFURTH, PATRICK	
IPRA	RAPID RESPONSE	QUERFURTH, PATRICK (SUPERVISOR)	30-APR-2015 10:27	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	-	30-APR-2015 10:27	WEEDEN, WILLIAM	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	23-FEB-2015 16:23	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-JUN-2015 09:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	19-JUN-2015 08:32	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	18-JUN-2015 09:01	SALINAS-LOPEZ, LUIS	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	01-JUN-2015 12:49	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	01-JUN-2015 11:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN INVESTIGATOR	30-APR-2015 10:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	31-MAR-2015 01:53	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	31-MAR-2015 10:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	04-MAR-2015 09:34	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	24-FEB-2015 08:42	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	23-FEB-2015 04:23	STEWART, DENISE	INTAKE AIDE	113 /	



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

03 June 2015  
Log #1073886



The Independent Police Review Authority has been assigned to investigate an incident registered on 23 February 2015. Please contact me before the close of business on June 15, 2015 to discuss this incident. I can be reached at (312) 746-3594 extension 1085 between the hours of 8:00 a.m. and 4:00 p.m. If I am unavailable, please leave your name and telephone number where you may be reached and I will return your call as soon as I receive the message.

The fullest investigation of this complaint is possible only if I can have your cooperation. I hope to hear from you soon.

Sincerely,

  
Investigator Luis Salinas

INDEPENDENT POLICE REVIEW AUTHORITY

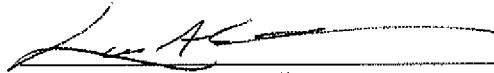
Date: 18 June 2015  
Log # 1073886

TO: Chief Administrator  
Independent Police Review Authority


FROM: Investigator Luis Salinas, #176

SUBJECT: ATTEMPT TO CONTACT [REDACTED]

On 03 June 2015, the Reporting Investigator (R/I) sent correspondence to [REDACTED] at [REDACTED]. In the letter, the R/I informed [REDACTED] that the Independent Police Review Authority was assigned to investigate an incident in which she was tased by Chicago Police officers on 23 February 2015. The R/I also requested that [REDACTED] contact the R/I no later than the close of business on 15 June 2015 to discuss the incident. To date, [REDACTED] has not responded to the R/I's request.

  
IPRA Luis Salinas, #176

APPROVED:

  
\_\_\_\_\_  
IPRA Supervisor

CHICAGO POLICE DEPARTMENT  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

INCIDENT	<b>APPROVAL COMPLETE</b>		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	1360 - Criminal Trespass - To Vehicle		
	3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
Occurrence Location:	Beat: 1512	Unit Assigned: 1512	
277 - Parking Lot/Garage(Non.Resid.)		RO Arrival Date: 23 February 2015 12:22	
Occurrence Date: 23 February 2015 12:18		# Offenders: 1	

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: P.O. MOUSSA #5509		
	Res: 5701 W Madison St Chicago IL	Beat: 1513	
	Sobriety: Sober CPD Officer: Yes		

<b>Other Communications and Availability</b>	
Business Phone : 312-743-1440	

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: P.O. SANCHEZ #11497		
	5701 W Madison St Chicago, Illinois 312 - 743 - 1440	Beat: 1513	
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: P.O. DELES #12951		
	Res: 5701 W Madison St Chicago IL	Beat: 1513	
	Sobriety: Sober CPD Officer: Yes		

<b>Other Communications and Availability</b>	
Cellular Phone : 312-743-1440	

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: [REDACTED]		
	Beat: 1512	<b>Demographics</b>	
	Sobriety: Sober CPD Officer: No		Female White Hispanic DOB: [REDACTED] Age: 49 Years DLN: [REDACTED]

<b>Other Communications and Availability</b>	
Cellular Phone : [REDACTED]	

<b>WITNESS - Individual</b>	
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NON-OFFENDER(S)	[REDACTED]		Beat: 1512		<b>Demographics</b>	
			Female Black	DOB: [REDACTED] Age: 40 Years DLN: [REDACTED] - IL		
	CPD Officer: No					
	<b>Other Communications and Availability</b>					
Cellular Phone : [REDACTED]						

INJURY(S)	<b>Injury Info (P.O. MOUSSA #5509 - Victim )</b>		
	Extent: Minor		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Abrasions Bruised	Hand/Feet/Teeth/Etc. Hand/Feet/Teeth/Etc.	Other - Hands (Nails) Other - Leg, Foot
<b>Injury Info (P.O. DELES #12951 - Victim )</b>			
Injured BY offender			

SUSPECT(S)	<b>Suspect # 1</b>								
	[REDACTED]		<b>Demographics</b>						
			Female Black	DOB: [REDACTED] Age: 27 years					
	<b>Injury Info</b>								
	Extent: Serious								
	CFD First Aid Given Yes Responding Engine 29 Unit: [REDACTED]								
<table border="1"><thead><tr><th><u>Type</u></th><th><u>Weapon Used</u></th><th><u>Description</u></th></tr></thead><tbody><tr><td>Other</td><td>Other</td><td>MENTAL HEALTH</td></tr></tbody></table>				<u>Type</u>	<u>Weapon Used</u>	<u>Description</u>	Other	Other	MENTAL HEALTH
<u>Type</u>	<u>Weapon Used</u>	<u>Description</u>							
Other	Other	MENTAL HEALTH							

RELATIONSHIP	P.O. MOUSSA #5509	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
	P.O. SANCHEZ #11497	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
	P.O. DELES #12951	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
	[REDACTED]	( Victim )	is a No Relationship of	[REDACTED]	( Offender )

OTHER	<b>Miscellaneous</b>	
	Victim Information Provided	Flash Message Sent ? No

## NARRATIVES

IN SUMMARY: R/O'S RESPONDED TO THE ABOVE ADDRESS AND WERE MET BY [REDACTED] (OFFENDER) AND [REDACTED] (VICTIM AND COMPLAINANT) WHO STATED THAT THE SAID OFFENDER GOT INTO HER VEHICLE AND WOULD NOT GET OUT. VICTIM STATED THAT THE OFFENDER WAS ACTING VERY CRAZY AND WAS NOT MAKING ANY SENSE IN WHAT SHE WAS SAYING. P.O. SANCHEZ #11497 MADE CONTACT WITH THE OFFENDER WHO HE STATED WAS OUT OF CONTROL AND WOULD NOT FOLLOW THE R/O'S INSTRUCTIONS TO EXIT THE VEHICLE. P.O. SANCHEZ TRIED ESCORTING THE VICTIM OUT OF THE VEHICLE BUT SHE REFUSED VERBAL COMMAND. OFFENDER BECAME IRATE STARTED KICKING AND FLAIED HER ARMS/FEET. P.O. MOUSSA THEN CAME TO ASSIST, WHEN OFFENDER KICKED P.O. MOUSSA IN THE LEG AND SCRATCHED HIS LEFT HANDWHILE TRYING TO PLACE OFFENDER IN CUSTODY. P.O MOUSSA SUSTAINED A MINOR LACERATION. OFFENDER WAS OUT OF CONTROL YELLING "WHO ARE THE DEVIL, GET AWAY FROM ME" AT WHICH TIME P.O. SANCHEZ YELLED TASER,TASER,TASER AND DEPOLYED A DEPARTMENT ISSUED TASER STRIKING THE OFFENDER. P.O. MOUSSA #5509 WENT TO PLACE THE OFFENDER INTO CUSTODY BUT SHE CONTINUED TO RESIST,NOT FOLLOWING VERBAL DIRECTIONS. OFFENDER STARTED TO GET UP WHEN P.O. SANCHEZ #11497 DISCHARGED THE TASER AGIAN AND P.O. MOUSSA PERFORMED AN EMERGENCY TAKEDOWN,REAR CUFFING GETTING THE OFFENDER INTO CUSTODY. OFFENDER WAS STILL KICKING AND SPITTING AT R/O'S ON SCENE AND WAS YELLING AND SCREAMING OUT OF CONTROL. OFFENDER WAS PLACED INTO THE WAGON BT.1572. R/O WAS MET BY THE VICTIM'S HUSBAND ON SCENE WHO RELEATED THAT THE OFFENDER SUFFERS FROM MENTAL ILLNESS,SCHIZOPHRENIA,BIPOLAR DISORDER AND HAS NOT BEEN TAKING HER MEDICATION FOR THREE WEEKS. OFFENDER WAS TRANSPORTED TO [REDACTED] FOR MENTAL HEALTH EVALUATION. WHILE BEING ESCORTED OUT OF THE WAGON BY P.O. DELES #12951 OFFENDER KICKED THE P.O. IN THE CHEST AND SPIT BODILY FLUIDS AT HER FACE AT WHICH TIME THE P.O. MOVED GETTING SPIT ON HER JACKET. OFFENDER WAS ADMITTED FOR PSYCHIATRIC EVALUATION. R/O'S ARE NOT PURSUING CHARGERS AT THIS TIME DUE TO THE MENTALCAPACITY OF THER OFFENDER. [REDACTED] (VICTIM AND COMPLAINANT) OF THE VEHICLE TRESSPASS DOSE NOT WANT TO PERSUE CHARGES AT THIS TIME DUE TO THE MENTAL CONDITION OF THE OFFENDER.

NOTIFICATION: VIOLENT CRIMES SGT. MITCHELL Beat#: Star#: 1888 Emp#: Date: 23-FEB-2015 Time: 1435 NOT

- STAR#: 13938 NAME: CHARLES HUNTER BEAT: 1542
- STAR#: 1335 NAME: MATTHEW SWAIN BEAT: 1520
- STAR#: 5509 NAME: GEORGE MOUSSA BEAT: 1512
- STAR#: NAME: BEAT: 1523
- STAR#: NAME: BEAT: 1533
- STAR#: NAME: BEAT: 1572

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	5509	[REDACTED]	MOUSSA, George	[REDACTED]	23 Feb 2015 15:06	015	1512

## IUCR ASSOCS.

Victim	IUCR	Crime	Offender
P.O. MOUSSA #5509	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
P.O. MOUSSA #5509	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	
P.O. SANCHEZ #11497	0454	Battery - Agg Po Hands No/Min Injury	
P.O. SANCHEZ #11497	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	
P.O. DELES #12951	0454	Battery - Agg Po Hands No/Min Injury	
[REDACTED]	1360	Criminal Trespass - To Vehicle	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>23-FEB-2015</b>		TIME <b>12:23:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1512</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>DELES</b>		7. FIRST NAME <b>VITA C</b>		8. STAR NO. <b>12951</b>		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>504</b>		12. HT. <b>158</b>		13. WT. <b>190</b>	
	14. DATE OF APPT. <b>11-SEP-2000</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>015 1572</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>506</b>		27. WT. <b>190</b>			
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
WEAPON DISCHARGE INCIDENT	39. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
CASE INFO.	40. ADDITIONAL INFORMATION		POSITION		STAR NO.		UNIT		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>DELES, VITA C</b>		STAR/EMPLOYEE NO. <b>12951</b>		SIGNATURE													
	23-FEB-2015 14:15:03																	
	74. REVIEWING SUPERVISOR (Print Name) <b>SWAIN, MATTHEW</b>		STAR NO. <b>1335</b>		SIGNATURE				DATE REVIEWED <b>23-FEB-2015 14:16:15</b>		TIME							

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was being treated at the hospital at the time this report was reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's force option was in compliance with the Department's rules and regulations concerning proper use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

DATE COMPLETED

TIME

23-FEB-2015 15:16:38

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>DELES, VITA C</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>12951</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>11-SEP-2000</b>	EMPLOYEE NO. [REDACTED]	<input type="checkbox"/>	
UNIT OF ASSIGNMENT <b>015</b>	BEAT/CALL NO. <b>1572</b>	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>1512</b>
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>23-FEB-2015</b>
HEIGHT <b>504</b>	WEIGHT <b>158</b>	TIME <b>12:23:00</b>	DAY OF WEEK <b>MONDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>3</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>7</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input checked="" type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK  <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	
<input checked="" type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	RACE <b>BLACK</b>	DOB [REDACTED]
<input type="checkbox"/> B. NIGHT	<input type="checkbox"/> E. ARTIFICIAL LIGHT	CB NO.	IR NO.
<input type="checkbox"/> C. DAWN	<input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
WEATHER CONDITIONS		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	NO. OF OFFENDERS PRESENT? <u>1</u>	
<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. SLEET / HAIL	APPROXIMATE OUTDOOR TEMPERATURE: <u>1 F</u>	
<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND		

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REPORTING MEMBER - SIGNATURE DELES, VITA C	STAR NO. 12951	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE CAMPBELL, JACKIE	STAR NO. 723
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1. DATE OF INCIDENT <b>23-FEB-2015</b>		TIME <b>12:21:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>		3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1512</b>											
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>HUNTER</b>		7. FIRST NAME <b>CHARLES</b>		8. STAR NO. <b>13938</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>508</b>		13. WT. <b>198</b>		
	14. DATE OF APPT. <b>14-DEC-1998</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1542</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>WBH</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>506</b>		27. WT. <b>190</b>				
SUBJECT INFORMATION					30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
					35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED <input type="checkbox"/> DNA								37. CB NO. <input type="checkbox"/> DNA		IR NO. <input type="checkbox"/> DNA									
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA																		
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER _____		FLED <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>		
	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		OTHER <u>KICKING AND FLAILING</u> <input type="checkbox"/>				OTHER _____		OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER _____		
		MEMBER PRESENCE <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____	
		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		ELBOW STRIKE <input type="checkbox"/>	
		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER <u>R/O SECURED OFFENDER'S LEGS</u> _____								KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
		FIREARM <input type="checkbox"/>		OTHER _____															
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA																		
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)						40. ADDITIONAL INFORMATION												
		POSITION		STAR NO.		UNIT													
		41. WEAPON TYPE		<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS		<b>CLEAR</b>	
		45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE									
		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED									
		59. WHO FIRED FIRST SHOT		<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)					
		63. HOW WAS MEMBER'S HANDGUN DRAWN		<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.											
		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
CASE INFO.	72.		NOTIFICATIONS (OC OR TASER INCIDENT):		<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./														

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was at hospital at time report reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's force options were in conformance with the Department rules and regulations concerning appropriate use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

23-FEB-2015 15:14:04

79. TOTAL TRR's THIS EVENT No.

4



OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) HUNTER, CHARLES		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 13938		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/>	
DATE OF APPOINTMENT 14-DEC-1998		LOCATION CODE 277-PARKING LOT/GARAGE(NON.RES)	
EMPLOYEE NO. [REDACTED]		BEAT OF OCCURRENCE 1512	
UNIT OF ASSIGNMENT 015		BEAT/CALL NO. 1542	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	DATE OF OCCURRENCE 23-FEB-2015
HEIGHT 508		TIME 12:21:00	
WEIGHT 198		DAY OF WEEK MONDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>3</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>7</u>	
WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK  <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT  <input type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE BLACK HISPANIC DOB [REDACTED]	
		CB NO. _____ IR NO. _____	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>1</u>	
		WEATHER CONDITIONS	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		APPROXIMATE OUTDOOR TEMPERATURE: <u>1 F</u>	

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
HUNTER, CHARLES	13938	CAMPBELL, JACKIE	723

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>23-FEB-2015</b>		TIME <b>12:22:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1512</b>											
	5. POSITION <b>9161</b>		6. LAST NAME <b>MOUSSA</b>		7. FIRST NAME <b>GEORGE</b>		8. STAR NO. <b>5509</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>511</b>		12. HT. <b>250</b>						
	14. DATE OF APPT. <b>29-SEP-2003</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>015 1512</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>506</b>		27. WT. <b>190</b>						
	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																				
36. CHARGES PLACED																37. CB NO.		IR NO.		DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <u>FLAIED HANDS/ARMS, KIC</u>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		OTHER <u>FLAIDEDE HANDS/ARMS</u>		OTHER										
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>												
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER												
	ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>														
CASE INFO.	39. DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION <b>MENTALLY ILL AND DELUSIONAL.</b>																
	POSITION		STAR NO.		UNIT																
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>												
SIGNATURES	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.												
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED												
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. EVENT NO.						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. R.D. NO.													
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) <b>MOUSSA, GEORGE</b>		STAR/EMPLOYEE NO. <b>5509</b>		SIGNATURE											
74. REVIEWING SUPERVISOR (Print Name) <b>SWAIN, MATTHEW</b>		STAR NO. <b>1335</b>		SIGNATURE		DATE REVIEWED <b>23-FEB-2015 16:18:07</b>		TIME													

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

At the time this report was reviewed, the subject was being treated at the hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's use of force is in compliance with the Department rules and regulations regarding proper use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CAMPBELL, JACKIE**

SIGNATURE



DATE COMPLETED

TIME

**23-FEB-2015 16:22:15**

79. TOTAL TRR's THIS EVENT No.

**4**

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>MOUSSA, GEORGE</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>5509</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>29-SEP-2003</b>		<input type="checkbox"/>	
EMPLOYEE NO. [REDACTED]		LOCATION CODE <b>277-PARKING LOT/GARAGE(NON.RES)</b>	
UNIT OF ASSIGNMENT <b>015</b>		BEAT OF OCCURRENCE <b>1512</b>	
BEAT/CALL NO. <b>1512</b>		DATE OF OCCURRENCE <b>23-FEB-2015</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	TIME <b>12:22:00</b>	DAY OF WEEK <b>MONDAY</b>
DOB [REDACTED]			
HEIGHT <b>511</b>		NO. OF OFFICERS BATTERED <u>3</u>	
WEIGHT <b>250</b>		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>7</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		MANNER OF ATTACK  <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____  <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF ACTIVITY		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		OFFENDER INFORMATION  SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE <b>BLACK</b> DOB [REDACTED]  CB NO. _____ IR NO. _____	
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		NO. OF OFFENDERS PRESENT? <u>1</u>	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		WEATHER CONDITIONS  <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>7 F</u>	

MENTALLY ILL

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
MOUSSA, GEORGE	5509	CAMPBELL, JACKIE	723

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>23-FEB-2015</b>		TIME <b>12:25:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1512</b>											
	5. POSITION <b>9161</b>		6. LAST NAME <b>SANCHEZ</b>		7. FIRST NAME <b>JOSE L</b>		8. STAR NO. <b>11497</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE <b>510</b>		12. HT. <b>171</b>						
	14. DATE OF APPT. <b>14-DEC-1998</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>015 1513</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B.		26. HT. <b>511</b>		27. WT. <b>200</b>						
36. CHARGES PLACED																37. CB NO.		IR NO.		DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
			DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>												
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____												
	ESCORT HOLDS		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>														
CASE INFO.	39. DNA		40. ADDITIONAL INFORMATION		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS										
					01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/>		CLEAR										
					02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/>				05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input type="checkbox"/>												
SIGNATURES	49. TASER DART ID NO. <b>C62004N4N</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX3006E7</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.												
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED												
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)												
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
70. EVENT NO.																71. R.D. NO.					
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC																					
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																					
73. REPORTING MEMBER (Print Name) <b>SANCHEZ, JOSE L</b>																STAR/EMPLOYEE NO. <b>11497</b>		SIGNATURE			
23-FEB-2015 14:23:14																					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																					
74. REVIEWING SUPERVISOR (Print Name) <b>SWAIN, MATTHEW</b>																STAR NO. <b>1335</b>		SIGNATURE		DATE REVIEWED <b>23-FEB-2015 14:26:46</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

The subject was being treated at a hospital at the time this report was reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's use of force was in conformance with the Department's policy on use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CAMPBELL, JACKIE**

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

**23-FEB-2015 15:19:19**

79. TOTAL TRR's THIS EVENT No.

**4**



**TASER Information**

**Serial** ZZX3006E7  
**Model** TASER X2  
**Firmware Version** Rev. 04.010  
**Application Version** 3.12.48  
**Health** Good

**Offline Report**

**Local Timezone** Central Standard Time (UTC -05:00)  
**Generated On** 31 Mar 2015 07:46:49

**Event types shown : Trigger, Arc**

**Dates from : Mon Feb 23 00:00:00 2015 to : Mon Feb 23 23:00:00 2015**

**Device (X2)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/ status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
2852	23 Feb 2015 12:23:39	Trigger	C1: Deployed	1		33
2855	23 Feb 2015 12:23:51	Trigger	C2: Deployed	1		33
2858	23 Feb 2015 12:23:55	Arc	C1: Deployed C2: Deployed	1		33
2859	23 Feb 2015 12:23:59	Arc	C1: Deployed C2: Deployed	1		33
2860	23 Feb 2015 12:24:00	Arc	C1: Deployed C2: Deployed	1		33
2861	23 Feb 2015 12:24:01	Arc	C1: Deployed C2: Deployed	2		33
2862	23 Feb 2015 12:24:07	Arc	C1: Deployed C2: Deployed	2		32
2863	23 Feb 2015 12:24:11	Arc	C1: Deployed C2: Deployed	2		32
2864	23 Feb 2015 12:25:35	Arc	C1: Deployed C2: Deployed	1		32

**TASER Information**

**Serial** ZZX3006AP  
**Model** TASER X2  
**Firmware Version** Rev. 03.045  
**Application Version** 3.12.48  
**Health** Good

**Offline Report**

**Local Timezone** Central Standard Time (UTC -05:00)  
**Generated On** 31 Mar 2015 07:44:58

**Event types shown : Trigger, Arc**

**Dates from : Sat Jan 17 00:00:00 2015 to : Sat Jan 17 23:00:00 2015**

**Device (X2)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/ status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
15338	17 Jan 2015 07:48:26	Trigger	C1: Deployed	5		74
15339	17 Jan 2015 07:48:43	Arc	C1: Deployed C2: 25' Standard	1		73
15340	17 Jan 2015 07:48:43	Trigger	C2: Deployed	5		73
15347	17 Jan 2015 15:57:40	Arc	C1: 25' Standard C2: 25' Standard	1		72